

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3815

State File No.

FILED JAN 13 1949

BIRTH NO.		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>3076</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u>		c. LENGTH OF STAY (In this place) <u>18 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u>		188	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>612 N. Lynn</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert Jasper</u> b. (Middle) <u>Rich</u> c. (Last) <u>Rich</u>				4. DATE OF DEATH: (Month) (Day) (Year) <u>Jan 9 - 1949</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept 26, 1902</u>	
9. AGE (In years last birthday) <u>46</u>		10. UNDER 1 YEAR Months <u>3</u> Days <u>13</u>		11. UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanist Helper -</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pacific R.R.</u>		11. BIRTHPLACE (State or foreign country) <u>Rites County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W. A. Rich</u>		13b. MOTHER'S MAIDEN NAME <u>Mamie Rich</u>		14. NAME OF HUSBAND OR WIFE <u>Math Rich</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-16-9985</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Math Rich Nevada Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Cardio-renal-vascular disease</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>592</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>/</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>/</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>/</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>/</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>/</u>			
22. I hereby certify that I attended the deceased from <u>Nov. 17, 1948</u> , to <u>Jan. 9, 1949</u> , that I last saw the deceased alive on <u>Jan. 9, 1949</u> , and that death occurred at <u>12:40 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. R. W. D. Rich</u>		23b. ADDRESS <u>Nevada, Mo</u>		23c. DATE SIGNED <u>1-11-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-11-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada Mo</u>	
DATE REC'D BY LOCAL REG. <u>JAN. 15 - 49</u>		REGISTRAR'S SIGNATURE <u>Rathbone H. Yancey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Eichinger Funeral Home</u>		ADDRESS <u>Nevada, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

FEB 15 1950

JAN 26 1949

RECEIVED

District Health Officer No. 7,

District File Number 12-48-1626

Date Filed 1-17-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Mark E. Eickinger

Licensed Embalmer No. 29656

P. O. Address Newbury Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.